



WASHINGTON STATE GAMBLING COMMISSION
 LOCATION: 4565 7th Avenue SE, Lacey WA 98503
 MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400
 TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631
 TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637
 WEB SITE: www.wsgc.wa.gov

COMMERCIAL AMUSEMENT GAME – CLASS B AND ABOVE (53)

THIS PACKET CONTAINS:

1. A pamphlet entitled *Gaming License Certification Program*.
2. General Instructions.
3. The basic application form (GC4-168b) with attachments:
 - Attachment – *Other Persons Having Interest In Premises of Gambling Equipment* (GC4-314);
 - Appendix A – *Sole Proprietorship Requirements* (GC5-003);
 - Appendix B – *Limited and General Partnership Requirements* (GC5-004);
 - Disclosure of Partnership (GC4-017c)
 - Appendix C – *Limited Liability Company “LLC” Requirements* (GC5-005);
 - Disclosure of LLC Members / Managers (GC4-017b);
 - Appendix D – *Corporation Requirements* (GC5-006);
 - Disclosure of Corporate Officers / Stockholders (GC4-017);
 - Authorization for Examination and Release of Information (GC4-299);
 - License Class Structure Information (GC5-144);
 - Personal / Criminal History Statement (BLS-700-301);
 - Financial Statement (GC4-320);
 - Source of Fund Statement (GC4-321);
 - A Full Season Itinerary for License to Operator Amusement Games at Special Locations (GC4-009e);
 - Selected Washington Administrative Codes Pertaining to Amusement Games / Devices and Licensure Requirements;
 - Mandatory Pre-licensing Training letter (GC5-158);
 - Training Requirements for All Applicants (GC5-017);
 - Affidavit for Training Competition (GC4-243); and
 - Fee Schedule – Commercial Stimulant / Profit-Seeking Organization (GC5-055K FS)

NOTE

Check with local jurisdiction regarding if this gambling activity may be prohibited.

THIS FORM WILL BE READ BY A VERY SENSITIVE SCANNING DEVICE

Please use the following examples to fill out this form:

Print with a black ballpoint pen and press firmly, or use a typewriter.

Print using a black ballpoint pen – pressing firmly, use a typewriter, or fill out by computer.

– For best results, please print in capital letters and avoid contact with the lines. The following will serve as an example:

A	B	C	D	E	F	G	H	I	J	K	L	M	1	2	3	4	5	6	7	8	9	0
N	O	P	Q	R	S	T	U	V	W	X	Y	Z										

– Please ‘X’ the boxes. Do NOT shade-in or use ‘✓’.

‘X’ Boxes Like This →	<input checked="" type="checkbox"/>
Not Like This →	<input type="checkbox"/> <input checked="" type="checkbox"/>

– When asked for additional lists or comments, the information must be neatly printed or typewritten on sheets of white 8 ½ X 11 inch paper.

– When asked for legal or business documents, the copies must be clean and legible and marked so the document can be identified to the question being asked.

INSTRUCTIONS ON REVERSE SIDE

GENERAL INSTRUCTIONS

1. All applicants and substantial interest holders will be required to provide positive proof of their identities. For details, see appropriate appendix for your organization.
2. Answer ALL questions. Use N/A if not applicable. If necessary, you may COPY any of the forms in the application packet for submission.
3. Mail or deliver the completed application and fee(s) to the above address. *PLEASE NOTE:* We have the capability of receiving FAXED items to expedite the receipt of application documentation. HOWEVER, the original application MUST have an original signature prior to issuance of any license(s).
4. Please ensure that you read the enclosed pamphlet entitled *Gambling License Certification Program* and the condensed rules. YOU WILL FIND THEM VERY HELPFUL AND INFORMATIVE.
5. Ensure that the application is signed and dated by the appropriate individual(s).
6. WHEN COMPLETED, the application and addendums should be rechecked to ensure completion. This check may help to avoid delays during the processing of the application. You should be aware that failure to provide any documents / information WILL BE cause to administratively close or deny your application.
7. Attend mandatory training as required by WAC 230-03-070. See attached letter (GC5-158).
8. If you presently hold a gambling license(s), contact us prior to completing your application. We have essential information to expedite your application.
9. If you need assistance in completing this application – please call us.

ATTENTION APPLICANT

YOU MAY SIGNIFICANTLY REDUCE THE TIME IT TAKES TO PROCESS YOUR APPLICATION BY:

- **FOLLOWING ALL INSTRUCTIONS;**
- **ANSWERING ALL QUESTIONS ON THIS APPLICATION; AND**
- **SUBMITTING ALL ADDITIONAL REQUESTED DOCUMENTATION / INFORMATION AS SOON AS POSSIBLE.**



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COMMERCIAL AMUSEMENT GAME – CLASS B AND ABOVE (53)

Mark license class applying for (fee based on annual gross receipts):

[See Section 3, Class B and above,](#)
[of the attached](#)
[Fee Schedule – Commercial Stimulant /](#)
[Profit Seeking Organization](#)
[\(GC5-055K FS\)](#)

for the appropriate class and fee.

License Class:

Fee: \$|_____|,|_____|

TYPE OF BUSINESS / LOCATION (Mark One)

- | | |
|---|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Skating Rink |
| <input type="checkbox"/> Bowling Center | <input type="checkbox"/> Carnival Operator
(Itinerary Required) |
| <input type="checkbox"/> Grocery / Retail Store | <input type="checkbox"/> Tavern |
| <input type="checkbox"/> Movie Theater | <input type="checkbox"/> Revenue Sharer |
| <input type="checkbox"/> Miniature Golf Course | <input type="checkbox"/> Amusement Center |
| <input type="checkbox"/> Amusement Park | |

Other: |_____|

|_____|

Explain

SPECIAL NOTE

CONSIDERATIONS WHEN SELECTING AN APPROPRIATE LICENSE CLASS:

For an operator who owns and operates their own amusement game(s). This class includes: amusement game owners, route operators who are in business to rent / lease amusement games, and carnival or limited duration operators.

1. **APPLICANT:** |_____|
 Use Full Name, Corporate, Partnership or Limited Liability Company Name

Business

Mailing Address: |_____|

City: |_____| State: |_____| Zip: |_____|

County: |_____| Telephone: |_____|-|_____|-|_____|

Trade Name: |_____|

Premises Street Address

(See Attachment GC4-314): |_____|

City: |_____| State: |_____| Zip: |_____|

County: |_____| Telephone: |_____|-|_____|-|_____|

City Limits: Inside Outside (Mark One) Dept. of Revenue #: |_____|/|_____|/|_____| (UBI)

Business Office Use Only:

Code: 211-|_____| Date: |_____|/|_____|/|_____| Amt: \$|_____|,|_____|.00 Val #: _____

2. NAME OF PRIMARY AMUSEMENT GAME MANAGER:

Last Name: |_____

First Name: |_____ MI: |__|

Social Security #: |_____|-|_____|-|_____| Birthdate: |____|/|____|/|____|

Address: |_____

City: |_____ State: |____| Zip: |_____

Business Telephone: |_____|-|_____|-|_____|

Have you ever forfeited bail, been arrested / charged with a crime / convicted / jailed / or placed on probation of a crime? Yes No

Signature of Primary Game Manager
attesting to the criminal history: _____

Adult Supervisor's Name, if in a regional Shopping Center or Grocery / Retail Store:

Last Name: |_____

First Name: |_____ MI: |__|

Social Security #: |_____|-|_____|-|_____| Birthdate: |____|/|____|/|____|

Address: |_____

City: |_____ State: |____| Zip: |_____

Business Telephone: |_____|-|_____|-|_____|

Have you ever forfeited bail, been arrested / charged with a crime / convicted / jailed / or placed on probation of a crime? Yes No

Signature of Adult Supervisor
attesting to the criminal history: _____

3. PREMISES LICENSE HISTORY:

a. Is the business named above presently licensed by the liquor board?

Yes No **IF YES**, what is the license number? |_____|-|_____|

b. Are you now or has the business / premises been previously licensed by the gambling commission?

Yes No **IF YES**, complete the information below:

Trade Name: |_____

City: |_____

Owner's Name: |_____

4. AMUSEMENT GAME / PREMISES / DEVICES INFORMATION:

a. Do you own, or are you purchasing the premises where the amusement games will be conducted? (Mark and complete as required.)

Yes (Complete Attachment GC4-314, if appropriate) No (Complete B and Attachment GC4-314)

b. Landlord:

Last Name: |_____

First Name: |_____ MI: |__|

Address: |_____

City: |_____ State: |____| Zip: |_____

Business Telephone: |_____|-|_____|-|_____|

5. TYPE OF BUSINESS: (Mark one and complete as required.)

- Sole Proprietorship – Complete Appendix A (GC5-003)
 - Partnership – Complete Appendix B (GC5-004)
 - Limited Liability Company – Complete Appendix C (GC5-005)
 - Corporation – Complete Appendix D (GC5-006)
-

6. IF YOUR MAIN OFFICE IS LOCATED OUTSIDE WASHINGTON STATE, provide the name, business address and home address of the agent who is a resident of this state designated by the applicant pursuant to WAC 230-03-052.

Last Name: |_____|

First Name: |_____| MI: |_____|

Social Security Number: |_____|-|_____|-|_____|

Home Address: |_____|

City: |_____| State: |_____| Zip: |_____|

County: |_____|

Telephone: |_____|-|_____|-|_____|

Office Address: |_____|

City: |_____| State: |_____| Zip: |_____|

County: |_____|

Telephone: |_____|-|_____|-|_____|

E-Mail Address: |_____|

@ |_____|

7. ADDITIONAL REQUIREMENTS FOR CARNIVAL / LIMITED DURATION OPERATORS ONLY:

- a. Complete and submit the attached itinerary (GC4-009e) to include EVERY location which the applicant has contracts for conducting amusement games. Provide the inclusive date for each event.
 - b. If you will be operating amusement games at any of the locations listed in WAC 230-03-150; attach a letter of permission from the sponsoring organization as required by WAC 230-13-165(3).
-

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.56) and other Washington laws. The Commission may disclose to the public, other state or federal agencies, or discuss at a public meeting all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.56.540.

**DECLARATION / SIGNATURE OF SOLE PROPRIETOR, EACH PARTNER, OR
THE CHIEF EXECUTIVE OFFICER
OATH OF APPLICATION**

I declare under penalty of perjury, under the laws of the State of Washington, that all information provided in this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for denial of an initial application or revocation of any gambling licenses currently held. Further, I have read Chapter 230-03 WAC and acknowledge that all records relating to the ownership and operation of the business shall be made available to commission staff and that commission staff will conduct an on-site review of my manufacturing facility(ies) to assure my capability of complying with the requirements of RCW 9.46 and WAC 230. I agree to notify the Washington State Gambling Commission should any information required on this application and / or on my Personal / Criminal History Statement change or become inaccurate in any way. I understand that if I fail to make such notification, it may constitute grounds for denial, suspension or revocation of my license. I further understand that should any information provided on the application change or become obsolete and / or if any criminal or civil actions are filed against me, I must inform the commission. See WACs 230-03-050, 230-03-055, 230-06-080, 230-06-085, and 230-06-090.

• Last Name: _____
First Name: _____ MI: _____
Title: _____

Signature Date: ____/____/____

• Last Name: _____
First Name: _____ MI: _____
Title: _____

Signature Date: ____/____/____

**ATTENTION APPLICANT
IMPORTANT SPECIAL NOTES**

You can expedite the processing of your application by:

- (1) Ensuring that all personal / criminal history statements are completed in full and submitted with this application; and
- (2) If you are applying as a new establishment, please take some time to ensure that you have properly completed your source of funds form. This form is very essential in determining where you obtained the funding for your business.

Should you have specific questions involving personal and criminal history information / documentation, you may contact the financial investigations unit at 1-800-345-2529 or (360) 486-3440 for assistance.

APPLICATION PREPARED BY:

Last Name: _____
First Name: _____ MI: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
County: _____ Telephone: _____-____-_____